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FAX COVER SHEET

TO: MAIL STOP ISSUE FEE U.S. P.T.O.	From: Leslie Hoffmann Patent Paralegal
Tel. N/A	Tele: 408-284-8484
Fax. 571-273-2885	Date: May 7, 2008
Sheets: Cover + 6	
RE: <u>Applic. S/N 10/788,943; Filed February 26, 2008</u> <u>First Named Inventor: CHATTERJEE, Mitrajit, Attorney Docket # IDT-1872</u>	

Message:

Please find attached:

- 1. Transmittal;**
- 2. Part B-Issue Fee Transmittal + Duplicate;**
- 3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence;**
- 4. Statement Under 27 CFR 3.73(b);**
- 5. "Fee Address" Indication Form.**

Thank you.

**Leslie Hoffmann
Patent Paralegal
Integrated Device Technology, Inc.**

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PTO/SB/21 (08-03)

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**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	10/788,943
Filing Date	February 26, 2004
First Named Inventor	CHATTERJEE, Mitrajt
Art Unit	2177
Examiner Name	KERVEROS, James C.
Total Number of Pages In This Submission	Attorney Docket Number IDT- 1872

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee Address Indication Form and 3.73 Statement. Remarks
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	GREG WARDER, REG. NO. 50,208
Signature	
Date	May 7, 2008

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Leslie Hoffmann
Signature	
Date	May 7, 2008

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